


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 174-05		OMB Approval No. 0348-0038	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Alaska Public Broadcasting, Inc., Box 200009, Anchorage, Alaska 99520					
4. Employer Identification Number 16-1616595		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 3/1/2005		To: (Month, Day, Year) 6/30/2008		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2007	
				To: (Month, Day, Year) 9/30/2007	
10. Transactions:		I Previously Reported		II This Period	
				III Cumulative	
a. Total outlays		1,481,753.35		277,372.01	
b. Recipient share of outlays				0.00	
c. Federal share of outlays		1,481,753.35		277,372.01	
d. Total unliquidated obligations				0.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations				0.00	
g. Total Federal share(Sum of lines c and f)				1,759,125.36	
h. Total Federal funds authorized for this funding period				6,712,000.00	
i. Unobligated balance of Federal funds(Line h minus line g)				4,952,874.64	
11. Indirect Expense		a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate	c. Base	d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. No indirect rate-N/A					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title David L Geesin, Deputy Director				Telephone (Area code, number and extension) 907-277-6300	
Signature of Authorized Certifying Official 				Date Report Submitted October 16, 2007	

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-111

